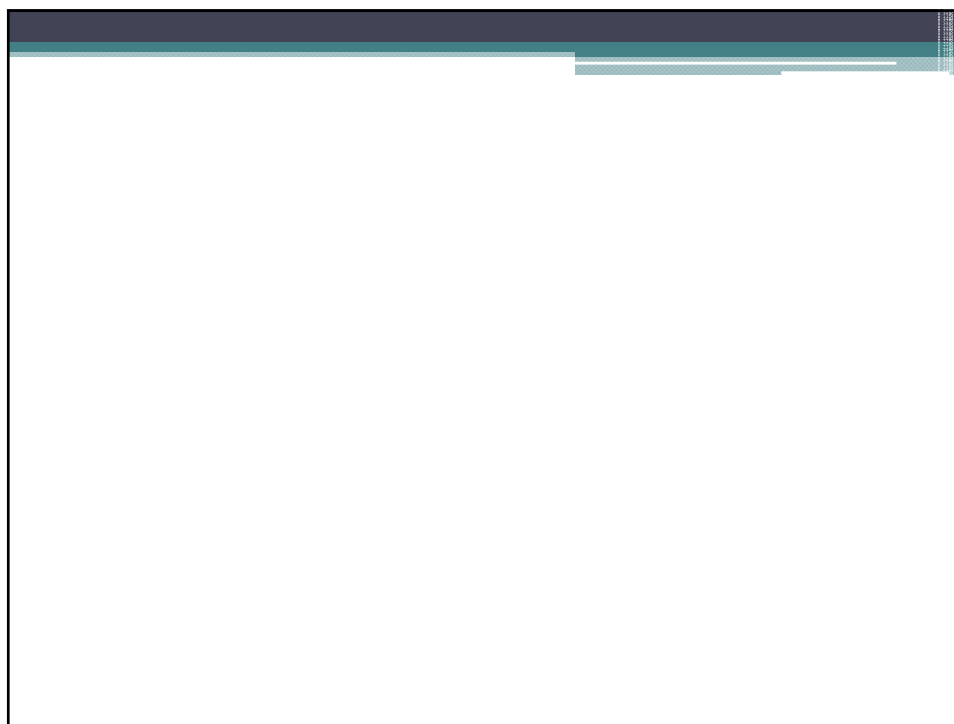


# Medical Care, Health, and Social Justice

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No financial conflicts of interest to  
report



## Objectives

- Consider how social injustice impacts health
- Discuss the role the healthcare system has had in perpetuating societal injustice
- Take on social justice as a professional responsibility for healthcare providers
- Discuss pathways for healthcare providers to fight for social justice

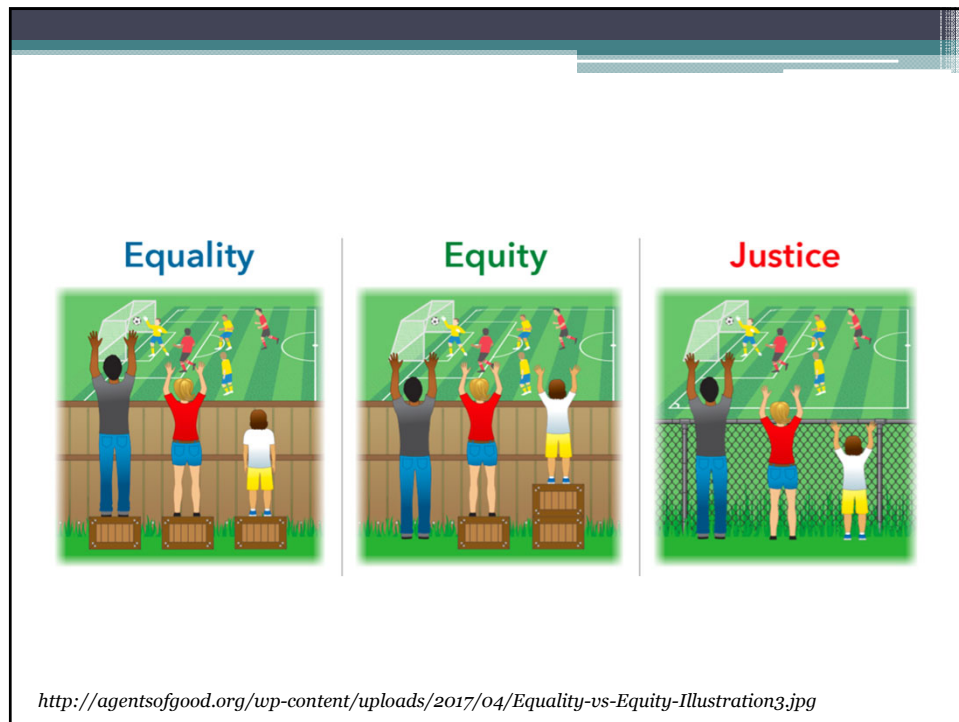




All social primary goods – liberty and opportunity, income and wealth, and the bases of self-respect – are to be distributed equally unless an unequal distribution of any or all of these goods is to the advantage of the least favored

“

-John Rawls, *A Theory of Justice*

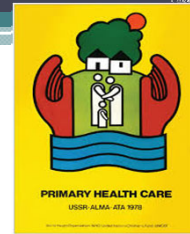


## UN Declaration on Human Rights - 1948



- Everyone has the **right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services**, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

## Alma Ata Declaration - 1978



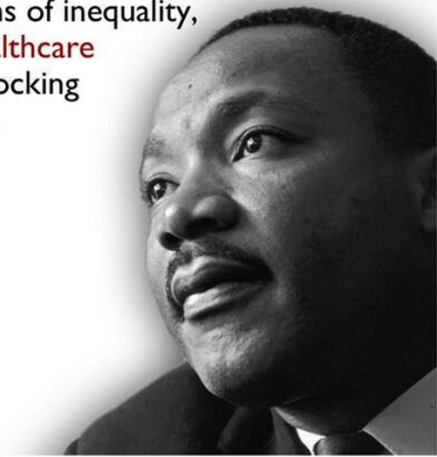
- *Health, which is a state of **complete physical, mental and social well-being**, and not merely the absence of disease or infirmity, is a **fundamental human right**, and the attainment of the highest level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.*



How are we doing?



Of all the forms of inequality,  
**injustice in healthcare**  
is the most shocking  
and inhumane.



Dr. Martin Luther King, Jr.  
March 25, 1966

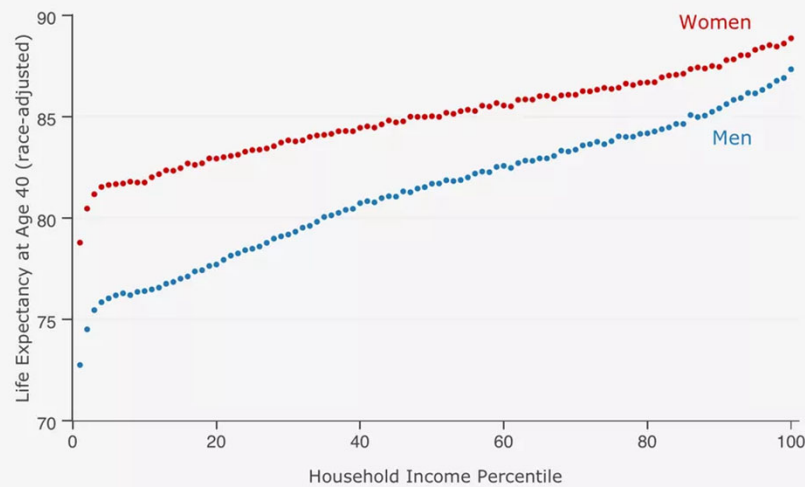
## Health implications of economic injustice

- Being poor is terrible for your health
- Wealth buys health

Health, Income, & Poverty, Health Aff Policy Brief, Oct 2018



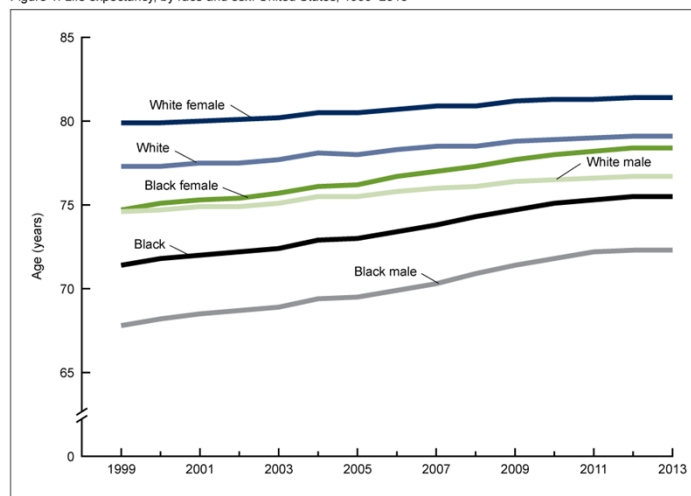
## Life expectancy for 40 year olds by household income



Chetty et al, JAMA 2016

## Life expectancies in black and white

Figure 1. Life expectancy, by race and sex: United States, 1999–2013



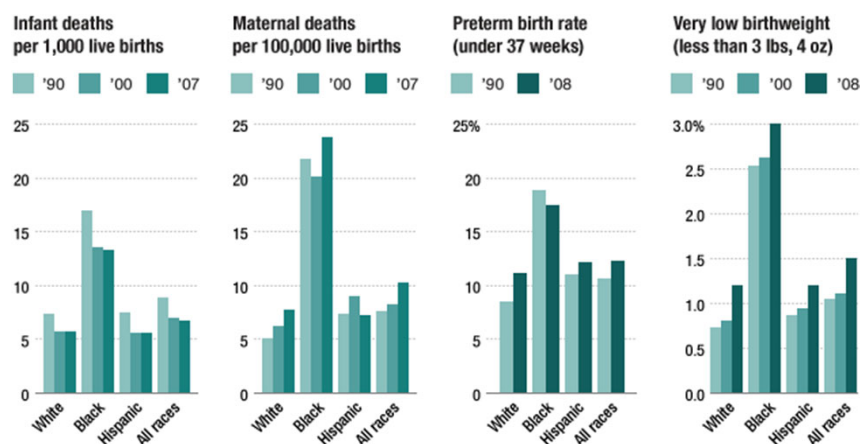
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

## Racial disparities

- Equalizing mortality rates of whites and African-Americans would have prevented nearly 700,000 excess deaths from 1991-2000
- Medical advances prevented 175,000 deaths over that same period

AJPH 2004; 94: 2078-2081

## Maternal and infant outcomes by race



Centers for Disease Control and Prevention, NPR Allison Hurt

## Childbirth in Alabama

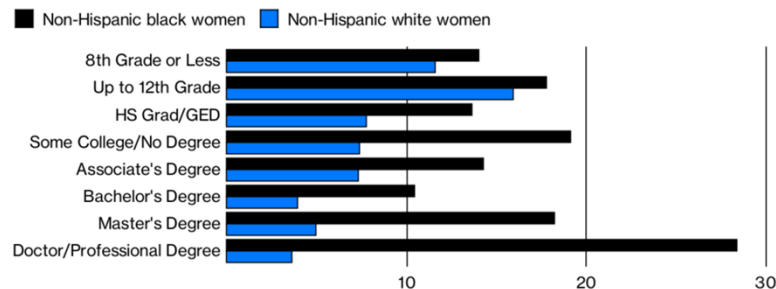
- Worst place in US to have a baby
- 29 of 67 counties with OB
- Half of mothers drive more than an hour for care
- Black women and babies 3x more likely to die than whites in Alabama



## How does education change things?

### Infant Mortality by Race of Mother

Average rate per 1,000 live births in 2013



Source: Duke University, Insight Center for Community Economic Development

Ok, but how is this our fault?



Medical history



## Tuskegee - not history

- Outcomes, trust in health system, and life expectancy diminished with proximity to Tuskegee
- Reduced life expectancy among black men by over a year

Alsan and Wanamaker, National Bureau of Economic research, 2017

## Physicians groups and racism



## Percent of white medical trainees with false beliefs about racial differences

Item	General	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	Residents
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

Hoffman et al, PNAS 2016

## Unequal treatment

- Physicians underestimate pain of black patients compared with white patients
- Students/physicians with more false beliefs show more bias in pain management

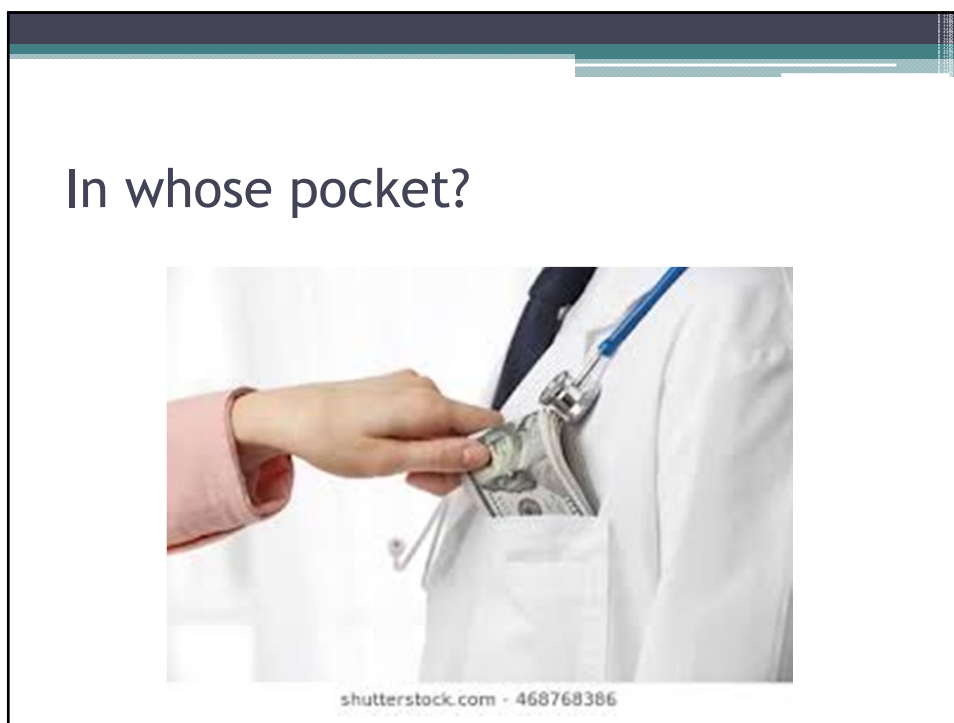
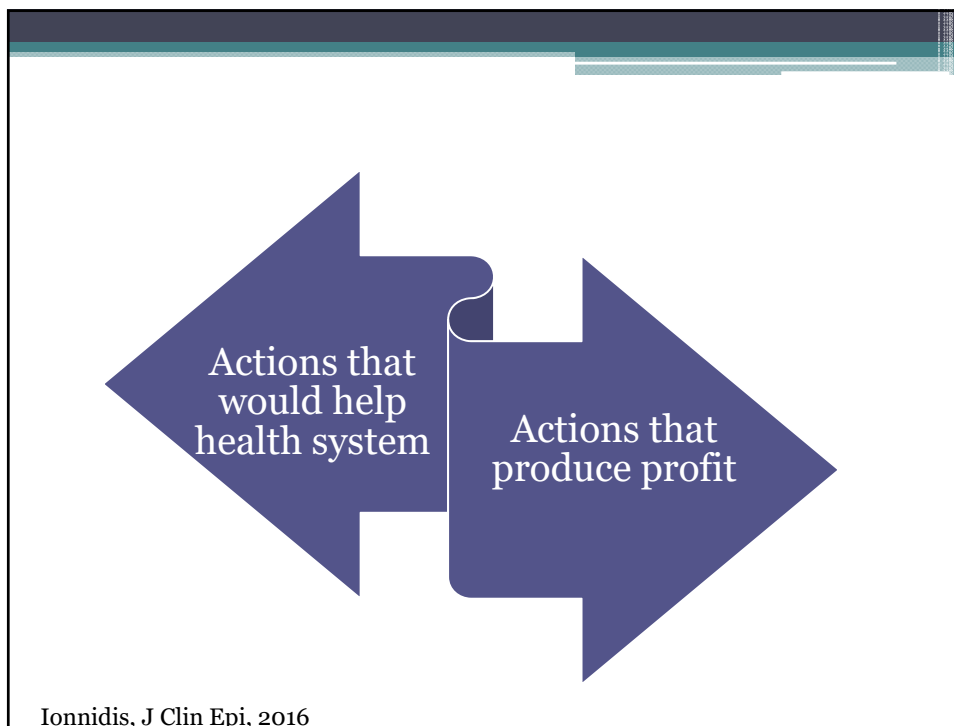
Goyal et al, JAMA Peds, 2015; Hoffman et al., PNAS 2016



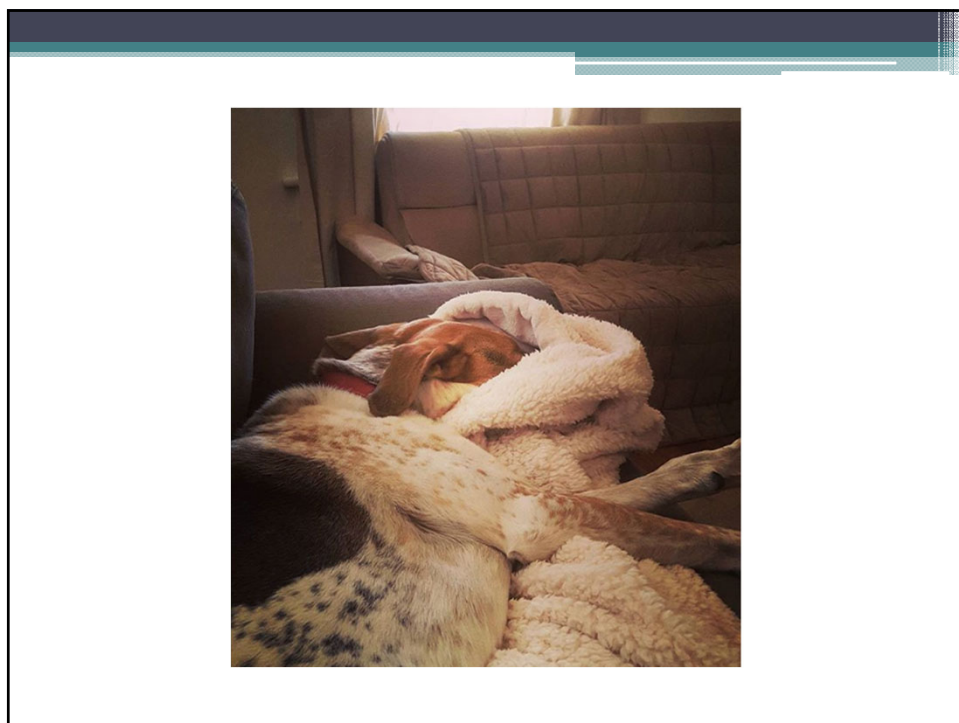
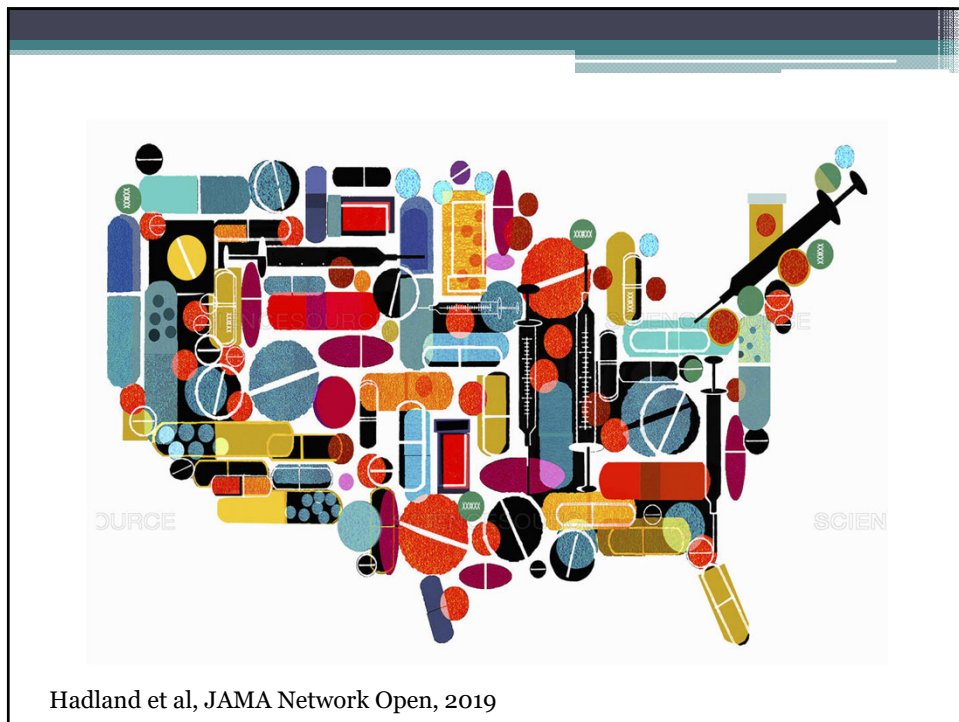
	CYSTIC FIBROSIS	SICKLE CELL
NIH	\$2700	\$867
Foundation	\$69,177	\$72
Trials	130	137
Cases	1,000	300,000




Axios, July 2017









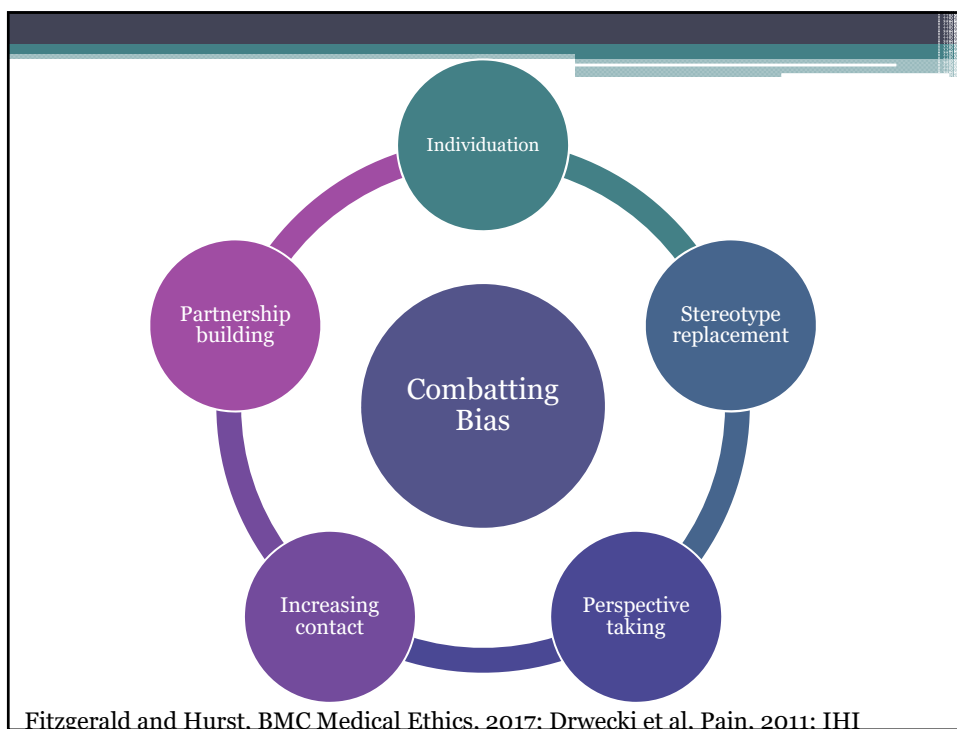
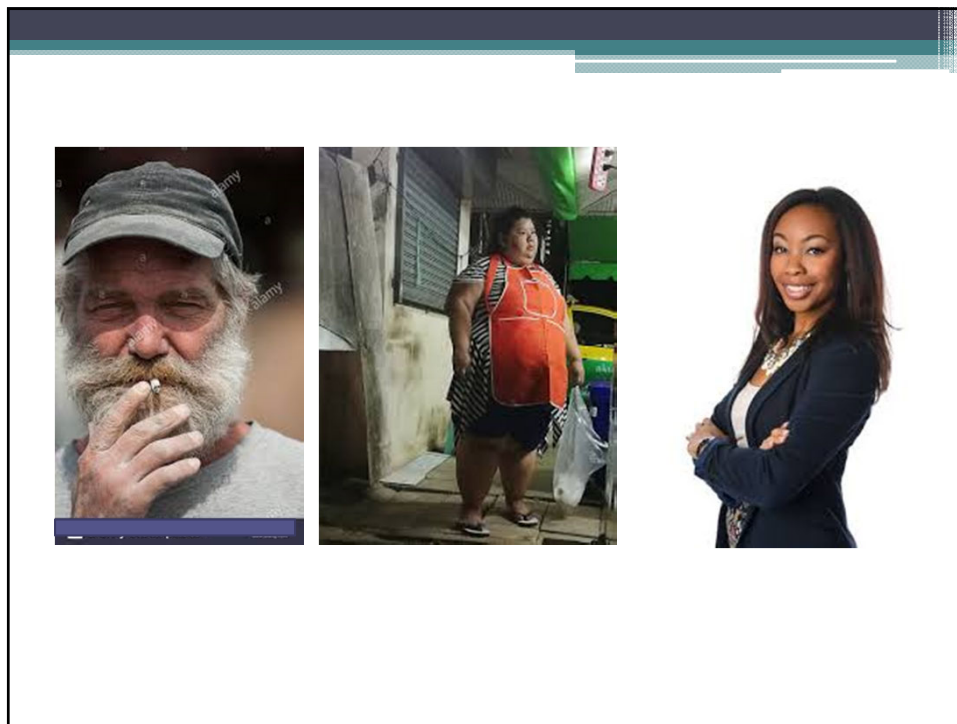
The medical profession must promote justice in the health care system, including the fair distribution of health care resources.

Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category

-ABIM physician charter

This is our job - so how do we do it?

- Daily practice
- Who we train/how we train
- Using our voices



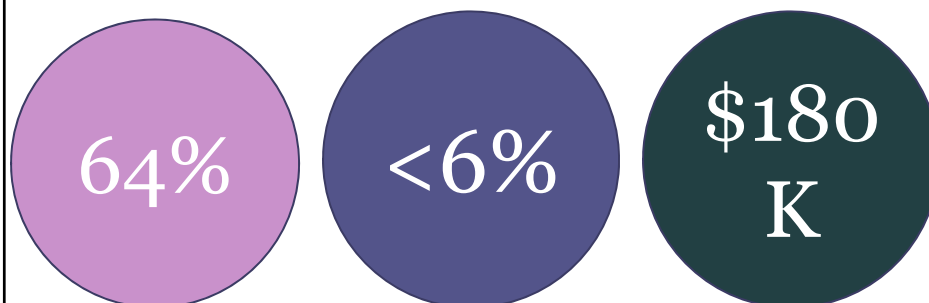


We keep making the mistake of  
thinking we are the hosts instead of  
the guests in our patients' lives

-Don Berwick

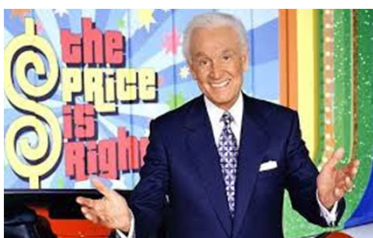
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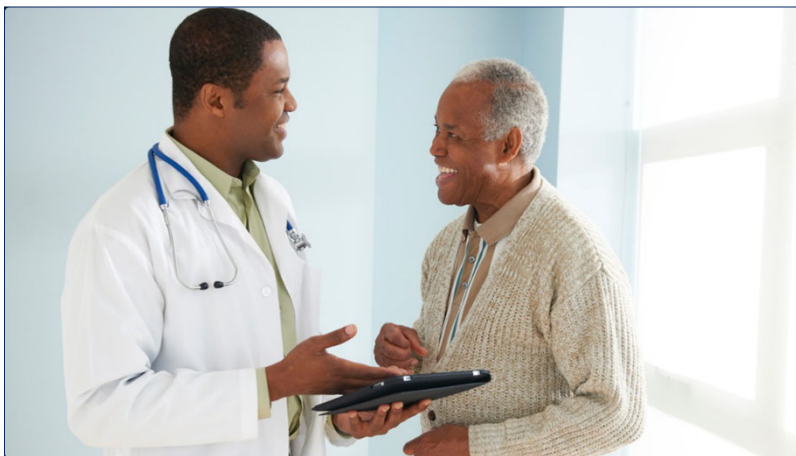
## Who we train - medical education



## Pop quiz

- In 1978, 3.4% of matriculants to med school were black men
- How about 2018?





Alsan et al., NBER 2018

## Taking action

- Build applicant pool
- Admissions with mission
- Structural support for diverse medical student trainees
- Mentorship and faculty

## Health Worker Drain

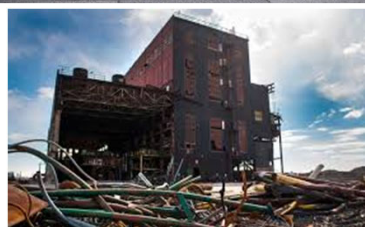


## How we train

- Medical schools ranked on research activity, selectivity, faculty resources
- What if instead we assessed quality on measures that instead addressed our most pressing societal problems?



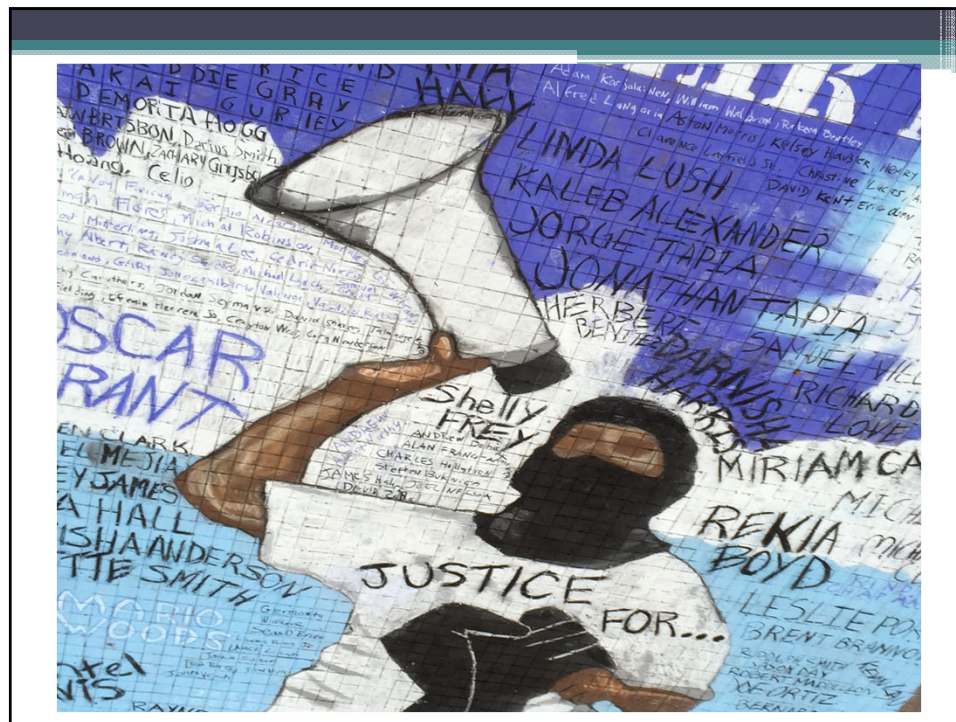
## What do we owe our patients?



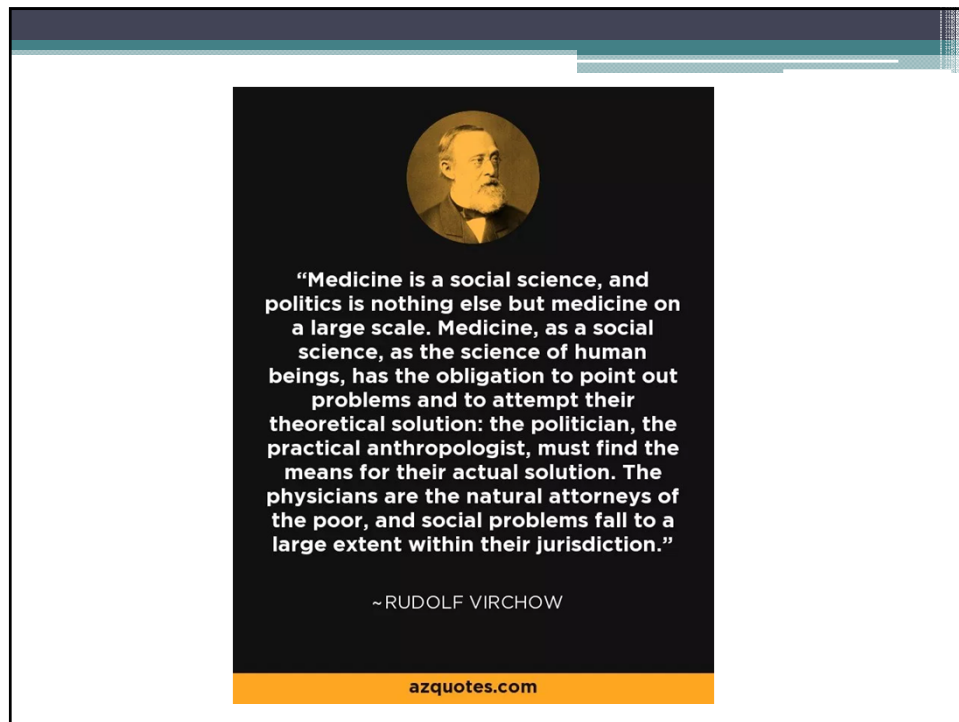
## Pitfalls

- Poverty tourism
- Mistaking charity for justice
- University derived programs over community derived





Harvard Medical School		
RACIAL JUSTICE REPORT CARD		
The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.		
METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American students are underrepresented, and only 10% of students and staff are faculty of color.
2. ANTI-RACISM TRAINING	B	Students receive training on anti-racism, but limited exposure to the curriculum and curriculum changes. Faculty do not consistently receive training in anti-racism.
3. URM RECOGNITION	C	Individuals with housing or social vulnerabilities are not consistently supported on the Harvard Medical School campus. Efforts are underway to re-evaluate health care and housing.
4. URM RECRUITMENT	B	Harvard Medical School has a number of recruitment programs aimed at URM students, and recruitment efforts are a priority for Harvard Medical School.
5. URM LEADERSHIP	B	All students, including those in the leadership of student organizations, are encouraged to participate in Harvard Medical School.
6. ANTI-RACIST CURRICULUM	B	Health science curricula include some mention of the role of racism in health and disease.
7. DISCRIMINATION REPORTING	B	Harvard Medical School has a reporting mechanism. There is no standardized system for reporting to all those who are part of the Harvard Medical School.
8. URM GRADE DISPARITY	C	There is no standardized information about grade disparity at Harvard.
9. URM SUPPORT/RESOURCES	B	The Office of Diversity and Multicultural Affairs provides support to URM students. There are no designated programs or mental health services for URM students.
10. CAMPUS POLICING	C	There is a campus police force, and there is no public information about the police force or its activities.
11. MARGINALIZED PATIENT PROTECTION	C	Harvard Medical School is providing care to marginalized patients through the Harvard Medical School. There are more resources than they do in other settings.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Patients of color and patients with disabilities are underrepresented in many research settings.
13. IMMIGRANT PATIENT PROTECTION	B	Some research settings have policies protecting undocumented patients, but these policies do not always apply or effectively.
14. STAFF COMPENSATION & INSURANCE	C	Some research settings have a minimum wage above the Boston living wage, but it is unclear whether all staff have access to comprehensive health insurance.
15. ANTI-RACISM IRB POLICIES	B	IRB policies include some protections for people of color. The process, however, does not appear to be consistently applied.
OVERALL GRADE: B-		
*A full report on this institution (i.e. links to sources, student anecdotes, and institution's responses) other institutions and details on the RJRC initiative can be found on <a href="http://whitecoats4blacklives.org">whitecoats4blacklives.org</a>		
WHITE COATS 4 BLACK LIVES		



## Using our voices

- Civic engagement
- Stronger together
- Writing for change
- Health in all policies





## Ratio of social expenditures to health expenditures

- Decreased infant mortality
- Increased life expectancy
- Decreased potential life years lost

Bradley et al, *BMJ Quality and Safety*, 2011



## Social services improve health

- Earned Income Tax Credit
- Housing initiatives
- Supplemental nutrition assistance program
- Early childhood education

# Health In All Policies

## Incarceration - HEALTH issue





## Environmental Justice - HEALTH issue



## The five essential questions

- Wait, what?
- I wonder...
- Couldn't we at least..
- How can I help?
- What truly matters?

Dean James Ryan, HGSE

## Thank you!

- Let's talk 😊